



Myanmar Rakhine State Rapid Gender Analysis

Women, Rakhine State, and COVID-19

By June 2020, Myanmar had registered 343 cases of COVID-19, although there has been very little testing overall in Myanmar, particularly in Rakhine state. Despite the low number of COVID-19 cases in Rakhine State, the impact on rural food production and the livelihoods of thousands of farm labourers, who are mostly women, is immense. Rakhine state already had more than 600,000 displaced people, high levels of conflict, and recurring natural disasters. Infrastructure, food systems, and health infrastructure were already weak, and mobility was already low.

In this context, in June 2020, CARE conducted a [Rapid Gender Analysis](#) to understand the impacts COVID-19 is having on women and men in Rakhine state, and how the compounded crises of conflict, COVID-19, and natural disasters are overlapping to impact people's lives. This research draws mostly from a literature review, and included six key informant interviews (4 women).

“Mostly men did major decision-making. Women are subordinates.”

- *Woman, Rakhine State*

Key Findings

- **Food security is a major challenge.** The loss of food production in the State could potentially push families into further poverty and produce further malnutrition in a State of Myanmar that already has one of the highest malnutrition rates in the country. Rural communities are struggling to access rice fields to plant, and experts predict this will be the worst year for fishing on record. Families who were getting remittances report that they are no longer getting them, further compromising food security.
- **People's income is falling.** Previously, more women than men migrated outside the State for work, and now they cannot do that with COVID-19 prevention measures. Lockdowns are preventing urban families from accessing the daily labor they depend on for income. The growth of women's empowerment is strongly

linked to financial contributions to the household, so as incomes decline, so will women's empowerment.

- **Women's rights have been put on the back burner.** Because of COVID-19, parliament delayed discussions about women's rights and national development plans. Women's organizations feel that women's equality is not the highest priority of the Myanmar government, and there is reported backlash against civil society groups like the Gender Equality Network for standing up and having a voice, particularly on violence against women and girls in conflict-affected areas of Myanmar. There are only 3 women parliamentarians in Rakhine state, and there is often backlash against women leaders. Some women leaders are able to set an example that is slowly changing attitudes.
- **Girls' rights are at high risk.** Only 37% of Rohingya students in Rakhine state are girls, and child marriage was already rising as a response to conflict and uncertainty. Families see child marriage as a way to protect girls from violence or as a way to cope with economic uncertainty—factors that are rising with COVID-19.
- **Access to healthcare is severely limited.** Only 53% of people in Rakhine state seek treatment in medical facilities, and only 19% of women give birth in health centers. COVID-19's stress on healthcare budgets has already caused one rural hospital to close, further limiting access. Additionally, only 2 in 10 people has access to water in their homes, making it hard to follow COVID-19 prevention guidelines.
- **Information is highly restricted.** The restrictions on internet imposed by the Government of Myanmar in the Rakhine State prevent adequate access to information, including on COVID-19, which may further endanger the lives of the population. These restrictions are even harder for women because men control radios, and women are much more likely to only speak one language—making it difficult to access either information or services.
- **Gender Based Violence is rising.** Between April and May, one service provider reported a 7.5 time increase in GBV reports. While women had a variety of informal mechanisms to cope with COVID-19, most of these are limited with COVID-19 movement restrictions. As men struggle to fulfill their roles as providers, they are reporting stress, anxiety, and resentment—which may result in more violence.

Recommendations

- **To humanitarian leadership and donors:** Request the clusters to integrate the recommendations and findings from the Rapid Gender Analysis in their response plans and to implement subsequent actions. This is essential to ensure that humanitarian assistance reaches women, girls and most at-risk population groups.
- **To humanitarian leadership:** implement the IASC interim guidance on localization in the context of COVID-19¹ - in particular to ensure that there is equal representation, leadership and meaningful participation of women's rights and women-led local organizations in COVID-19 response planning and decision-making, and that they are included in pooled funding decisions on allocation.
- **To the health cluster, OCHA, and donors:** Ensure that there is continued and flexible funding for the provision of essential and lifesaving Sexual and Reproductive Health services throughout the COVID-19 response, in line with the Minimum Initial Service Package (MISP). SRH should be duly considered in pooled funding allocation.

¹ <https://interagencystandingcommittee.org/system/files/2020-05/IASC%20Interim%20Guidance%20on%20Localisation%20and%20the%20COVID-19%20Response.pdf>